



BACKFLOW PREVENTION ASSEMBLY TEST REPORT

CITY OF BELLEVUE

Water Quality
Box 90012 Bellevue, WA 98009
(425) 452-7840
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NOTE: all new backflow assemblies installed must be tested prior to plumbing final, test reports must be made available to the plumbing inspector at final.

ACCOUNT # _____

NAME OF PREMISE _____ Commercial ☐ Residential ☐

SERVICE ADDRESS _____ CITY _____ ZIP _____

CONTACT PERSON _____ PHONE () _____ FAX () _____

LOCATION OF ASSEMBLY _____

DOWNSTREAM PROCESS _____ DCVA ☐ RPBA ☐ PVBA ☐ OTHER _____

NEW INSTALL ☐ EXISTING ☐ REPLACEMENT ☐ OLD SER. # _____ PROPER INSTALLATION? YES ☐ NO ☐

MAKE OF ASSEMBLY _____ MODEL _____ SERIAL NO. _____ SIZE _____

INITIAL TEST	DCVA / RPBA CHECK VALVE NO.1	DCVA / RPBA CHECK VALVE NO.2	RPBA	PVBA/SVBA AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID AIR GAP OK? _____	OPENED AT _____ PSID DID NOT OPEN <input type="checkbox"/> CONTINUED TO FULLY OPEN? Y N
NEW PARTS AND REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CHECK VALVE HELD AT _____ PSID LEAKED <input type="checkbox"/> CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____ PSID	LEAKED <input type="checkbox"/> _____ PSID	OPENED AT _____ PSID #1 CHECK _____ PSID	AIR INLET _____ PSID CHK VALVE _____ PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐ Detector Meter Reading _____

REMARKS: _____ LINE PRESSURE _____ PSI

_____ WSDOH APPROVED ASSEMBLY? YES ☐ NO ☐

TESTERS SIGNATURE: _____ CERT. NO. _____ DATE _____

TESTERS NAME PRINTED: _____ TESTERS PHONE # () _____

REPAIRED BY: _____ DATE _____

FINAL TEST BY: _____ CERT. NO. _____ DATE _____

CALIBRATION DATE ____ / ____ / ____ GAUGE # _____ MODEL _____ SERVICE RESTORED? YES ☐ NO ☐

I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.